U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only Recd AUG 1 22005 E READ THE INSTRUCTIONS CAREFU | LLY BEFORE PREPARING THIS REPORT. |
|--|---|
| 1. File Number U - 5793 | 2. Fiscal Year Covered From: |
| | 1/01/04 Through: [2/31/04 |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. |
| Name GARY L STEVENS | Name SHEET METAL WORKERS LOCAL #110 |
| | Labor Organization File Number |
| P.O. Box, Bidg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 2215 Bonnycastle Avenue | Street 7711 BEULAH CHURCH ROAD |
| City LOUISVILLE | City LOUISVILLE |
| State KENTUCKY ZIP Code +4 40205 | State KENTUCKY ZIP Code + 4 40228 |
| 5. Position in labor organization. BUSINESS MANAGER/ | FINANCIAL SECRETARY/SMWIA VICEPRESIDE |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount |
| Street | 7.b. Amount |
| City | |
| | |
| State ZIP Code + 4 | |
| Sign | nature |
| Signature and verification. The undersigned declares, under penalty of | Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the |
| Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany | Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the |

| Name of Person Filing GARY A STEVENS | File Number U- | |
|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). Name 5MW #110 Education FTraining Fund | 9. Business deals with: | |
| Trade Name, if any: | a. Labor Organization b. Trust | |
| P.O. Box, Bldg., Room No., if any Street 810 North English Station Rd | c. Employer | |
| City Louisuille State Kentucky 40223 ZIP Code + 4 4792 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. Provides education for Local # 110 | |
| Name Trade Name, if any: | members | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | 2-Apprenticeship Completion Banquets (Louisville, Ky & Paducah, Ky) 3-Trustees meetings ((2) Louisville, Ky & (1) Belteras Indiana) 1-re-imbursement at Industry Weck (LAS Vegas, Neurala) | |
| | 12.b. Amount. 1065.00 | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | r parts A and B above) | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |

| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
|--|---|--|
| 9. Business deals with: | | |
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| | | |
| | | |
| 11.a. Nature of such dealing. | | |
| | hocal #110 | |
| members | | |
| | | |
| | 11 | |
| 11.b. Approximate dollar value of such dealing. | 8 | |
| 11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received. | Ø | |
| 12.a. Nature of interest held or income received. 2 - Humana functions | Ø | |
| 12.a. Nature of interest held or income received. 2 - Humana functions | Ø | |
| 12.a. Nature of interest held or income received. | 5 | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, Churchill down | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions | 5 | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, Churchill down | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. Triparts A and B above) or other thing of value. | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. Triparts A and B above) or other thing of value. | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. Triparts A and B above) or other thing of value. | | |
| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. Triparts A and B above) or other thing of value. | | |
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| 12.a. Nature of interest held or income received. 2 - Humana functions Louisville, Ky 901f, churchill down 12.b. Amount. Triparts A and B above) or other thing of value. | | |
| | wise dealing with the business ively seeking to represent, or directly to, or otherwise ation is interested. 9. Business deals with: a. Labor Organization b. Trust c. Employer | |

| Name of Person Filing GARY L Stevens | File Number U - | |
|--|---|----------|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). Name American Benefit Corporation Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 Eleventh St Suite 500 City Huntington State West Virginia 25701 ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | , , |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | Third parety Administr Local #110 Health Fund | ater for |
| Street | 11.b. Approximate dollar value of such dealing. | Ø |
| City | 12.a. Nature of interest held or income received | |
| State ZIP Code + 4 | 904 outing/meeting Huntington, West Vir | |
| | 12.b. Amount. | (06:00 |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | r parts A and B above) or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | | |
| | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |

| Name of Person Filing GARY L STEVENS | File Number U- | |
|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name Sheet Metal Workers #110 Health Fund | a. Labor Organization | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 401 Eleventh St. Suite 500 | c. Employer | |
| city Huntington | | |
| State [Nest Virginia 2570] ZIP Code +4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | Health Fund for hocal #110 members | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | Health Fund trustees meeting | |
| | expenses " | |
| | Huntington, West Virginia | |
| | | |
| | 12.b. Amount. 129.00 | |
| C. Received from any employer (other than an employer covered unde | r note A and R above) | |
| or from any labor relations consultant to an employer any payment of money | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | |

| Name of Person Filing GARY L STEVENS | File Number U- | |
|--|---|---|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name SASMI FUND | | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 601 North FAIRFAXSt, Suite 400 | c. Employer | |
| city Alexandria | | |
| State Virginia 22314 ZIP Code + 4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | Stabilization Agreement | of the |
| Trade Name, if any: | Sheet Metal Industry (service to members) | |
| P.O. Box, Bldg., Room No., if any | (Service to members) | |
| Street | | |
| City | Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | <u>Ø</u> |
| State ZIP Code + 4 | Dinner at Great Lak | |
| | Crystal Mountain, Mich | - 11 |
| | Or delye Lilons entited Lillow | 19411 |
| | | |
| | 12.b. Amount. | 32.00 |
| C. Received from any employer (other than an employer covered unde | r parts A and B above) | |
| or from any labor relations consultant to an employer any payment of money | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | To appropriate to the state of |
| City | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |
| | | L |

| Name of Person Filing GARY L STEVENS | | File Number U- |
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| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organizati b. Trust c. Employer | ion |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing | ng. |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.b. Approximate dollar value 12.a. Nature of interest held | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | |
| Name Mesirow FINANCIA | Sponsor of Chicago 1 | Ellinois |
| P.O. Box, Bldg., Room No., if any | | |
| Street 350 North Clark St City Chicago State Illinois 60610 ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | 226.00 |

| Name of Person Filing GARY L STEVENS | File Number U- | |
|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| | 11.a. Nature of such dealing. | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant | | |
| (including trade name, if any). Name DALEY + George, LTD Trade Name, if any: | Sponsor of dinner/cruise Chicago, Illinois | |
| P.O. Box, Bldg., Room No., if any Street 20 South Clark Suite 400 City Chicage State Illinois 60603 ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | |

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Signature/

Date

